

**POSITIVE BEHAVIOR MANAGEMENT MODEL DEVELOPMENT SOCIETY
IN REDUCING THE STATUS STUNTING BADUTA IN MINING AREAS,
CEMPAKA BANJARBARU****Lenie Marlinae¹, Zairin Noor Helmi², Atikah Rahayu³, Fahrini Yulidasari⁴,
Fauzie Rahman⁵ and Anggun Wulandari⁶**¹Health Environment, Departement of Public Health Medical Faculty Lambung Mangkurat University²Medical Education faculty Lambung Mangkurat University³Health of Child and Maternal, Departement of Public Health Medical faculty Lambung Mangkurat University⁴Health Nutrition, Departement of Public Health Medical faculty Lambung Mangkurat University^{5,6}Health Policy Administratiton, Departement of Public Health Medical faculty Lambung Mangkurat University

Abstract- Cempaka is one area in Banjarbaru have land mines. These conditions make the Cempaka mine be the only producer in this area. Additionally, Cempaka has the largest area compared to other areas in Banjarbaru is 146.70 km². The majority of people with lower economic level., The livelihoods of casual workers (wage labor), diamond prospectors, farmers potentially have baduta (under two years) with stunting. Based on the research results Rahayu, et al., (2013) and Riskesdas 2013 in Cempaka, Banjarbaru and found that the prevalence of stunting baduta higher than the national respectively of 50.9% and 37.2%. This study aims to develop a model of behavior management positifdalam lowering stunting in baduta status. This research is an action research (operational research). The study design using the Pre and Post Test One Group Design. Subjects were whole baduta with stunting status taken based on the number baduta with malnutrition at most. The determination of the nutritional status baduta using WHO reference standard anthropometry 2007 kriteria as follows: baduta said to suffer from stunting, if the nutritional status baduta very short (z score <-3.0 SD); Short nutritional status (≥ -3 SD s.d<-2 SD), and did not experience stunting, if baduta normal nutritional status (≥ 2 SD). Results of research receipts paired T-test (Paired Samples Test) with a 95% confidence level. Outcomes of this study was the establishment of the involvement of active community participation, especially families who have baduta stunting in an attempt to resolve the issue.

Keywords- baduta, stunting, positive behavior management

I. INTRODUCTION

Development of a nation is to improve the well-being of every citizen. The size of the quality of human resources can be seen from the human development index (HDI), while the size of the welfare of the community, among others, can be seen from the level of poverty and nutritional status of the community (IBRA, 2007). The main problem facing Indonesia today is the low quality of human resources (HR). Problems protein energy malnutrition (PEM) as one of the main nutritional problem that occurs in child (under five years). The implications of malnutrition old child named stunting. Kids will have problems with stunting the growth of body length / height for age (Husaini, et al., 2003).

Children with the condition of stunting, will become adults with low quality. If this condition occurs in children aged 0-2 years, it is likely that children can not reach the expected height potential, children will experience incomplete development of the brain, which leads to the difficulty in meeting the academic (Atmarita, 2010).

Within two years of life is a very sensitive to the environment and this time lasted very short and can not be repeated again, then the child is referred to as a "golden age" (the golden period) or Window

of Opportunity or time critical "(critical period). Baduta time is the time of rapid growth and development and very important, and is the foundation that determines the quality of the next generation (Anwar, 2000).

Data Basic Health Research (Riskesdas) 2007 states that the prevalence of child stunting in Indonesia amounted to 36.8%. In 2010, the prevalence of child stunting of 35.6%. In 2013, the prevalence of child stunting of 37.2%, which means an increase compared to 2010 and 2007. The prevalence of child stunting in 2013 based on these data can be categorized as a public health problem worse, because of the prevalence of stunting of $\geq 30\%$ (Badan Research and Development of Health, 2007; Research and Development Board of Health, 2010; Research and Development Board of Health, 2013).

Data Riskesdas 2007, states that the prevalence of child stunting in South Kalimantan by 41.8%. In 2010, the prevalence of child stunting in South Kalimantan was 35.3%. In 2013, the prevalence of child stunting in South Kalimantan by 45%, which means an increase compared to 2010 and 2007. The prevalence of child stunting in the south in 2013 based on these data can be categorized as a public health problem is getting worse because of the prevalence of stunting of $\geq 40\%$ (Research and Development Board of Health, 2007; Research and Development Board of Health, 2010; Research and Development Board of Health, 2013).

Based on the results Rahayu, et al., (2013) in Cempaka, Banjarbaru found that the prevalence of child stunting respectively by 50.9% (Rahayu A, et al., 2013). The data shows that malnutrition (stunting) is included in the public health problem with very bad because of the prevalence of stunting of $\geq 40\%$ (Research and Development Board of Health, 2013). This shows that the level of prevalence of nutritional problems, especially the problem of malnutrition is in the category of severe problems, so it is appropriate to intervene in an effort to improve the nutritional status of child nutrition (Ali, 2012).

Efforts to improve the nutritional status to address the nutritional problems in the community that have a high sustainability by empowering community-based family that is effective, efficient and attention to aspects of local culture. Such measures may take the form of a development model positive behavior management. Positive behaviour is model management model the approach used to identify and implement solutions that already existed in the community to solve the problem, using a participatory methodology and process of participatory learning and action, so as to reduce stunting (CORE 2003). This approach is realized through Hearth sessions.

Based on that model behavior management positif can be considered as one of the main ways of solving the stunting problem g on baduta, given the culture varies from one region to the other so that the possibility can diffrent the result, it is necessary to study measures to prove that by empowering communities with different cultures is at once can overcome the stunting problems toddlers who spread in Cempaka village, Banjarbaru.

II. RESEARCH METHODS

Research Shows

This research is an action research (operational research) (Myrnawati, 2000). The study design using the Pre and Post test One Group Design.

Research subjects

Subjects were all children baduta with less nutritional status in the first districts in Banjarbaru that take based on number baduta with malnutrition at most. Based on the data that is obtained from the City Health Office Banjarbaru determined that there di Cempaka village, in the district Banjarbaru. And than, taken a village with number of baduta with malnutrition at most. Then the samples will be taken dengankriteria inclusion as follows: (1) baduta aged 0-60 months with less nutritional status based on

height and age using the WHO standards in 2007 on taking research data; (2) baduta is a family member who lived as society settled in the village. (3) Capital and its baduta willing to participate as a participant Hearth.

Research Instruments

In this study used research instruments as follows:

1. Baby length board to measure the length of the body.
2. Sheet inquiry to investigate positive behavior.
3. Form recall1 x24jam.
4. Sheets description Hearth sessions.
5. The evaluation sheets and questionnaires Hearth sessions.

Research variable

Independent variable (independent variable) in this study is positif behavior development management model, while the dependent variable (the dependent variable) is increase on baduta nutritional status. Meanwhile, family characteristics baduta that work of parents, parental education baduta, knowledge of the mother and the number of children in the family is a passive variable.

Operational definition

1. Positive Behaviour Management is a system designed to be empowered to society in efforts owned transmission positive behavior of the community to other communities in hopes of becoming an effective learning media as of and for the community as well as by implementing the actions, habits, or ways that made by poor families with healthy baduta, out of bhaviour-common practice done by other family in community them to address the risk of malnutrition in baduta.
2. Diet baduta is the ability or procedure owned by mother in things feeding on baduta
3. The pattern of parenting baduta is the ability or ordinances owned by nany in terms of parenting baduta including members of family in care.
4. The pattern of hygiene is hygiene measures which becomes a habit.
5. The pattern of health services for baduta is doing by to tackle health problems in baduta.
6. Activities nutrition post is the activity carried out for 21 days to help poor families and have a nutritional baduta cant done learned behavior positif by directly with practice learning activities such as cooking menu from families who have children positif behaviour and eat together, practice personal hygiene, health and education, with the help of cadre, officers puskesmas, and researcher, where it has been established, consisting of 12 days and 9 days post nutritional monitoring mother practice at home.
7. Body weight of baduta before and after treatment of high body baduta is measured by using balance scales with level 0,1Kg research and in units of Kg
8. Employment is the livelihood of old people baduta everyday father and mother of baduta.
9. Education baduta parents is the highest formal education ever done by father and mother baduta.
10. Knowledge of the mother is the mother of everything known about food, nutrition and health for children baduta. For the characteristics of the mother's knowledge or analysis of the total score given question, by categories (34): (1) Low (score of less than 60% of the total score); (2) Average (scores between 60% - 80% of the total score); (3) Good (score of more than 80% of the total score)
11. The number of children in the family are all children living in family with category ≤ 2 peoples, 3-5, and > 5 peoples.

Procedure Research and Data Collection Techniques

1. Primary data collected include: (1) the characteristics of the family gathered through interviews with mothers baduta using a structured questionnaire; (2) nutritional status data is determined using height indicators and age standard with WHO, 2007; (3) High body baduta collected through weighing used dacin; (4) The behavior of the FGD and indepthinterview collected through the

family behaved positif use question sheets to investigate positive behavior, of formulirrecall1 x 24h for families.

2. Secondary data include: (1) the data malnutrition in the region Banjarbaru obtained from Dinas Kesehatan Banjarbaru; (2) Data malnutrition at health center level region get of overseeing the kelurahan.

Having obtained the data on the nutritional status baduta and family characteristics that have baduta with stunting prepared posgizi implementation schedule for an activity session. Implementation is done setelahmemperoleh nutrition post a picture of the behavior management positifyangdikumpulkanmelalui depth interviews with the family. The schedule of post nutrition served in Table 3.

Table 3. Schedule nutrition post during a session activity (12 days)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Monday
PG*	PG	PG	PG	PG	PG	LIBUR
PG	PG	PG	PG	PG	PG*	**
**	**	**	**	**	**	**

Information :

PG = Implementation nutrition post

PG * = weighing before and after the activities baduta nutrition post

** = Monitoring mother practice at home

The time required for daily activities Hearth approximately 2 hours each day, include: collecting contributions of food, cooking (menu with composition of total calories 1 serving menu / child / day: total protein 400-800 kcal and 20-30 g), dining together, practice personal hygiene, health education, cleaning utensils and nutrition post, about menu discussion that day and the menu for tomorrow and contributions.

Monitoring is done during Hearth sessions take place to monitor level of attendance as well as health education activities in the post doing nutrition. Monitoring is done with the form already and menu list, and then do home visits to know baduta mother practice at home. Evaluation is done by measuring the change in height baduta body before and after the post nutrition.

III. RESULTS AND DISCUSSION

A. Characteristics Babies Under Age 2 Years (baduta)

1. Length for baduta

Table 1. Length for baduta Territory Cempaka

Leagth (cm)	Frequency	Percentage (%)
53-70	9	30
71-91	21	70
Total	30	100

2. Age Baduta

Table 2. Age baduta Territory Cempaka

Age (months)	Frequency	Percentage (%)
0-24	23	76,7
25-60	7	23,3
Total	30	100

3. Nutritional Status Stunting

Table 3. Nutritional Status Toddler Territory Cempaka

Category	Frequency	Percentage (%)
very short	15	50

Short	15	50
Total	30	100

Based on Table 1 explains that as many as 9 baduta has a body length of 53-70 cm, it is due to the age baduta which has a length of 53-70 cm range from 2- 9 months as many as 5 and 12-23 months of 4 people. In addition, nine people who have a body length of 53-70 cm have the nutritional status and the short category as many as 5 people and are very short of 4 people. In addition, as many as 21 people baduta has a body length of 71-91 cm, it is because the age range of 16-24 months baduta 14 people and baduta aged around 25-49 months as many as seven people. Baduta with a body length of 71-91 cm has nutritional status categories were 10 short and very short as many as 11 people.

According to the research Sukoco (2015) showed that age baduta have a meaningful relationship with stunting ($P < 0.05$) with indicators of height for age (H / A), the percentage of short baduta most commonly found at the age of 0-6 months. While the percentage of very short baduta encountered higher in the age group of 13-24 months. The period of 1000 days of life, which includes time in the womb to the age of 2 years is a crucial period for the growth of a toddler.

Based on Table 2. explains that baduta aged 0-24 months as many as 23 people, and this is because as many as six people have a body length of 53-65 cm with the nutritional status of 4 short and 2 very short. In addition, there are 17 people who have a body length of 66-79 cm with short nutritional status and as many as 8 people 9 people have very short nutritional status. Please also note there is baduta of 7 people aged 25-60 months had a body length ranges from 78-79 cm 3 people with nutritional status baduta as much as 2 very short and one person short. In addition, as many as four people have a body length of between 82-91 people with nutritional status 2 is very short and 2 short. According to cognitive theory of Piaget, the newborn up to age 2 are in phase sensory-motor where the baby through the senses and other organs are trying to understand the outside world, for example inserting a finger into the mouth, put small objects into the hole and pull out back. This is in line with research Lawlor et al who said that the child's height is positively related to the level of IQ at age 7.9 and 11 years (Lawlor, 2005). Thus stunting is a long-term reflection of the quality and quantity of food is inadequate and often suffer from infections during childhood. Stunting of children is the result of chronic nutritional problems as a result of the food was not good quality, coupled with high morbidity, infectious diseases, and environmental concerns (Kusumawati, 2015).

According the table 3 to explain that as many as 15 people baduta nutritional status is very short, it happens because baduta body length of 72-79 cm on average as many as 10 people between the ages of 16-23 months. Additionally, baduta nutritional status is very short due to the 14 people with low maternal education so that it works as a housewife and father as many as 15 people education is also low so that the father had worked only as a miner. Table 3. It is known that 15 people have short of nutritional status, it is because baduta body length ranges from 53-70 cm and 71-85 cm 5 people 10 people with ages ranging from 5-12 months as many as 5 people and 10 people with age 13-35 months. In addition, it is also caused by as many as 15 people with low maternal education, but as many as three people working as self-employed mothers and miners, as many as 15 people work relatively low so that the father worked as a miner and father as many as one person who does not work.

According to the research Ernawati (2014) found the majority of mothers (41%) elementary school education and 23 percent of junior high school graduation, as well as the father, too (31%) had elementary education, but were unable to complete high school quite a lot that is 32 per cent, so it can be said to be partially the subjects of this study has a medium socio-economic level. Poverty is associated with low maternal educational level, high stress levels and inadequate stimulation at home. All these things have an impact on children's development in the future. Low economic status associated with the ability to provide nutritious food and sanitation and poor hygiene will lead to increased infections and stunting in children (Ernawati, 2014).

Rahayu (2015) shows that most children who experience stunting own mother does not work by 38 people (32.5%). Based on the statistical test results, obtained by value $p = 0.873$ which shows that although mothers have relatively a lot of free time, but do not have a positive effect for the care and nurturing good in maintaining the growth of the child. Working parents, in addition to active and generate revenue, they can work as civil servants, entrepreneurs, farmers, fishermen, workers, services or other work that can make money. The ability of parents to provide foods that are less household level, lack of good ways parents in caring for children, family environment that is not kept clean, and the family's ability to utilize the limited health services are the subject of the problem of malnutrition among children that results in stunting. In addition, potentially stunting caused by other factors such as the child does not get breast milk (ASI) exclusively, giving complementary foods (solids) that are not appropriate according to the child's age baduta (Rahayu, 2015).

According to Fatmawati (2014) lack of knowledge about nutrition and health in the elderly, especially the mother is one of the causes of malnutrition in baduta until the occurrence of stunting. Socio-economic and cultural circumstances affect eating patterns in many rural areas. There are restrictions to eat in toddlers eg small children are not given the fish because it can lead to intestinal worms, nuts are also not given because it can cause abdominal pain or bloating. In the study Manurung (2010) explains that a balanced diet is very important especially in the early growth baduta. Low maternal knowledge about the provision of a balanced diet for baduta can affect the child's feeding baduta. The number of respondents who have a pretty good attitude in this study are closely related to the level of knowledge because knowledge is one of the factors that influence attitudes (MOH, 2010; Rahayu, 2011).

1. Characteristics of baduta Stunting Education Father

Table 4. Educational father baduta Territory Cempaka

Education	Frequency	Percentage (%)
Low	30	100
High	0	0
Total	30	100

Based on Table 4, it appears that the 30 father baduta poor education for all fathers on average graduated from elementary school and junior high school and some have not completed primary school. Low educational father only resulted father worked as a miner with an income below <Rp 1.126 million as many as 26 people so that it can result in child malnutrition (stunting) as many as 15 people with a very short category and 15 short category.

This is because the father's education level is closely related to employment gains and higher income so that will increase the purchasing power of home tanga to sufficient food for their family members. Low education levels dad will lower economic status homes tangga. Tingkat father's education is a strong determinant of the incidence of stunting in children in Indonesia and Bangladesh. In children from fathers with higher education level has a height of 0.5 cm taller than children whose fathers with low education levels. Based on research Norliani et al., Father's education levels have a 2.1 times greater risk of having a child with stunting at school age (Rahayu, 2011).

2. Education Mother

Table 5. Education Capital Territory baduta in Cempaka

Education	Frequency	Percentage (%)
Low	29	96,7
High	1	3,3
Total	30	100

Based on Table 5, it is known that the mother's education baduta in Cempaka region with low levels of education by 29 people (96.7%) graduated from elementary school and junior high school information. There was 1 (3.3%) with the statement that higher education graduated from high school. Low maternal education as many as 29 people can affect low maternal knowledge in giving diet, parenting, how to maintain cleanliness baduta and actions in obtaining health services for baduta. This is evidenced by the 11 people who answered one question mothers diet as a diet according to age child, and things need to be considered in giving food baduta, as many as 13 mothers answered any questions upbringing as age 0-6 months of exclusive breastfeeding and the right age for supplementary feeding of children, as many as eight mothers who answered any questions the family pattern in maintaining cleanliness as acts committed mothers before feeding and feeding children and the way the mother in cleaning tableware baduta, and as many as six mothers also answered one questions the family pattern in obtaining health services for baduta as posyandu activities and benefits of posyandu.

According to the Ministry of Education (2001), education is the process of changing attitudes and code of conduct of a person or group of people in a mature business man through the efforts of the teaching and education of parents *pelatihan*. *Tingkat* greatly affect the growth of children under five. The education level will affect food consumption through the election of foodstuffs. People who have a higher education will tend to choose food that is better in quality and quantity. The higher the parents' education, the better the nutritional status of their children as well (Hidayah, 2011).

The education level of the mother is a strong determinant of the incidence of stunting in children in Indonesia and Bangladesh. In children whose mothers with higher education level has a height of 0.5 cm taller than children whose mothers with low education levels. Based on research Norliani et al., Mother's education level has a 3.4 times greater risk of having a child with stunted at school age (Rahayu, 2011).

Women or mothers with low education or no education usually have more children than those who are highly educated. Those with low education in general is hard to understand the negative impact of having many children. Lack of knowledge and education of parents, especially the mother, is a serious factor in the occurrence of PEM. This is because the link between the mother's role in the care of the household, especially children. Mother's level of education and knowledge obviously affects the mother's ability to manage resources ancestry, to get adequate food needed and the extent to which the means of dental health services and sanitation are available in land as well as possible for the health of the family. In addition to low maternal education can lead to low maternal understanding of what is needed for the optimal development of children (Rahayu, 2011).

3. Knowledge Capital

Table 6. Knowledge Capital Territory Toddler in Cempaka

Knowledge results Extension	Frequency	
	Before counseling	After counseling
40	1 (3,3%)	0 (0%)
65	2 (6,7%)	0 (0%)
80	2 (6,7%)	1 (3,3%)
85	5 (16,7%)	2 (6,7%)
90	7 (23,3%)	2 (6,7%)
95	4 (13,3%)	5 (16,7%)
100	9 (30%)	20 (66,7%)
Average	88,83 %	96,83 %

Based on table 6, known the results of knowledge of mothers before and after counseling the average yield before the extension is 88.83% and 96.83% after counseling. This shows that the changes increase the mother's knowledge after counseling Cempaka. Sejalan region with research conducted by

Astuti (2010), "Influence of Nutrition Counseling Mothers Against Knowledge About Balanced Menu For Toddler In Bendosari Sukoharjo". The study concluded that an increased knowledge of maternal and infant nutritional status before and after counseling (Widyastuti, 2010).

Knowledge of the risk factors that have the most impact on the incidence of stunting in baduta. Moreover, stunting is also influenced by the mother's education, father's education, mother's occupation and father's occupation. An increase in knowledge has not been able to describe the skills of the mothersbaduta good. This can be evidenced from the number of stunting are highest in regions cempaka as many as 15 people baduta nutritional status is very short and 15 baduta with short nutritional status. Mothers who have a good knowledge but not matched with good skills also become a limiting factor in monitoring the growth and development baduta. It is seen on the answers of mothers who have not mastered the skills in feeding the child as a companion feeding children according to age, parenting baduta such as exclusive breastfeeding in infants aged 0-6 months, the family pattern in maintaining cleanliness as a way to clean tableware baduta, and patterns of mothers in getting health services for baduta like mother's knowledge about the kind of service that is given posyandu, and activities, the benefits of the implementation of the posyandu.

Extension means explained that the activities of delivery or explain the message containing information, ideas, emotions, and skills of an institution, group and other individuals (communicant) with the aim of changing knowledge and awareness. Mother's knowledge about food restrictions or taboos will reduce the types of food that can be given to children so as to enable children do not receive enough protein and micronutrients contained in these foods (Fatmawati, 2014).

Mother knowledge about nutrition baduta will indirectly determine the nutritional status. This is because the mother was in charge of the family of feeding the family, especially children. So the better knowledge of the mother, then feeding will be good too so that the nutritional status of children is also good (Hermansyah, 2010). Mother is a figure important role for their children, especially in terms of food. Mom has a duty to regulate feeding for family members, so it should understand the importance in preparing a meal for her children. Factors behind feeding by the mother is the mother of understanding about nutrition needed by his son, namely baduta knowledge about nutrition, food was able to meet the nutritional baduta, type of materials used, eating baduta, frequency and timing of feeding of the baduta. Knowledge of different mothers will affect the feeding of infants so that dietary baduta will depend on the mother. When the mother's knowledge is getting better, the diet would be better baduta (Fatmawati, 2014). According to the research by Aridiyah (2015) showed that the level of knowledge of mothers about nutrition is one factor that can influence the occurrence of stunting in children under five years both in rural and urban areas. Knowledge about nutrition is the first process in the change of behavior improvement of nutritional status, so that the knowledge is internal factors that influence behavior change. Mother knowledge about nutrition will determine the behavior of the mother in providing food for their children. Mothers with the knowledge of good nutrition can provide food to the type and the right amount to support the growth and development of children.

4. Work Head of Family

Table 7. Fathers' baduta Territory Cempaka

Work	Frequency	Percentage(%)
Work	29	96,7
Does not work	1	3,3
Total	30	100

Based on Table 7, it can be seen that there are as many as 29 people (96.7%) father who works with all types of job description, namely labor / diamond mines and there is one person (3.3%) fathers who do not work with the information already died. A total of 29 people a father who worked as a miner with income <USD 1.126 million will affect the provision of a meal for the family, especially baduta

who need nutritious food. Employment is the livelihood what made staple of life, something to do to earn a living. The length of a person's daily work is generally 7-8 hours (the remaining 16-18 hours) is used to life in the family, society, rest, sleep, and others. Within a week, a person can usually work well over 40 hours. It can be made 5 working days a week, in accordance with Law No. 13 Year 2003 on Manpower.

Hatril study (2011) showed a tendency that a father who worked in the private category have food consumption patterns of a better family than the father who works as a laborer. Test results statistics also show a significant association between the two. Similarly Alibbirwin study (2012) found a significant association between father's work with the nutritional status of children. said that the father who worked as a laborer at greater risk to have malnourished children compared with Baliya whose father worked self-employed. The proportion of fathers who work in the category of civil servant / Private tend to have better nutritional status than fathers in other occupations. It is supported by Suyadi (2009) which states that a father who worked as a laborer had a toddler with the largest proportion of poor nutritional status that is equal to 53%. Growth retardation or stunting in children in developing countries occur mainly as a result of chronic malnutrition.

5. Number of Family Members

Table 8. Number of Family Members baduta Territory Cempaka

Number of Family	Frequency	Percentage(%)
3 person	9	30
4 person	16	53
≥ 5 person	5	17
Total	30	100

According to Table 8.explained that of the 30 respondents note that the average number of family members in the area cempaka ie> 2. A total of nine people who have a family member number 3 is known that the rate of stunting 3 people with nutritional status is very short and 6 people with short nutritional status. A total of 16 people who have a total of 4 family members of people with very short nutritional status were 9 people and as many as seven people with short nutritional status. This is because the low maternal education, father's occupation is low, miners with income <Rp.1.126.000 so that the purchasing power of food ingredients is limited by the number of family members divided so many result in food can lead to nutrient baduta not met. A total of five people who have a number of family members ≥ 5 people are known to nutritional status is very short as many as 3 people and 2 people with short nutritional status.

The number of family members that much a risk factor for malnutrition, family size will affect the food supply that is uneven in the family. The greater the number of family members, the greater the determination of the percentage of expenditures in the family including for spending foodstuffs such as rice, vegetables, side dishes and other (Aridiyah, 2015).

6. Socio-Economic Status

Table 9. Socio-Economic Status in the Territory Parents badutaCempaka

Socio-Economic Status	Frequency	Percentage (%)
Low	26	86,7
High	4	13,3
Total	30	100

According to Table 9.explained that 26 people belonging to lower socioeconomic status. That is because the low parental education and occupation of parents mostly diamond miners are earning per month is not settled. The level of education is very influential on the chances of earning. The higher the education level, the more likely to earn a high income so as to have the opportunity to live in a good

environment and healthy. The high income which is not offset by the knowledge of good nutrition will cause someone to be very consumption in their diets daily so that the selection of a foodstuff is based on the consideration of taste than nutritional aspects. Low income parents will affect the purchasing power of the food they consume daily, especially for toddlers. The diversity of foods that are low consumed by children under five will have an impact on child nutritional problems such as stunting (Hermina, 2011).

The problem of stunting caused by the consumption of foods that are inadequate or consumption of foods given to infants who are not in accordance with his age which is seen as an ecological problems caused not only insufficient availability of food and nutrients in particular but also by poverty, environmental sanitation is lacking good, and ignorance about nutrition. Socioeconomic levels affect the family's ability to meet the nutritional needs toddlers and influence on the selection of food additives and the timing of eating and healthy habits that will affect the prevalence of stunting infants.

The incidence of stunting in baduta affected by malnutrition are influenced from lack of nutrition, the presence of infectious diseases in children, hygiene and shelter less clean layout. Nutrition is a very important need in helping the process of growth and development in infants and children, given the nutritional benefits in the body can help process growth and development of children as well as prevent the occurrence of various diseases due to malnutrition in the body. Fulfillment of child nutrition in children is expected to grow rapidly in accordance with the growing age and can improve quality of life and prevent morbidity and mortality (Ngaisyah, 2015).

7. Eating baduta

Table 10. Knowledge About Diet baduta Capital Territory Cempaka

Question	Corresponding (%)	Not corresponding (%)
First	27 (90%)	3 (10%)
2 nd	20 (66,7%)	10 (33,3%)
3 rd	25 (83,3%)	5 (16,7%)
4 th	28 (93,3%)	2 (6,7%)
5 th	30 (100%)	0 (0%)
Average = 6,06		

According to Table 10, explaining that as many as 20 people do not know the proper feeding pattern for baduta. That is because as many as 15 women do not know the age-appropriate diet their children so that food is often given to infants aged 6-8 months that the family meal, food such as rice lembik team knows the chicken liver and cooked food for adults, as many as 2 people do not pay attention to the shape and size of the food given to infants, but that is often overlooked is the joys of baduta and convenience of mothers in food processing toddlers so that mothers often give family foods to infants under the age of 2 years.

Feeding patterns were kind to children is very important and has great influence in the growth of children and the impact on nutritional status. Giving food to suit the child's age can provide a comfortable atmosphere for children at meals and increase appetite. Children who have a good appetite will affect the weight gain and height that will have an impact on children's nutritional status is normal. Conversely, if a child less appetizing meal, it can lose weight and stunted growth of children that affect children's nutritional status is abnormal (stunting). This is supported by the results showed that feeding practices associated with the incidence of stunting in infants with (p-value = 0.02) (Yudiarti, 2016).

Children who are given solid foods too early to have 6.54 times the risk of becoming stunting compared to children who are given age-appropriate solid foods should be. This is in line with other studies stating that the proper administration of solids is a protective factor against the incidence of children malnutrition. Giving solid foods too early is a risk factor stunting (Lestari, 2014).

Providing food for the growth and development of children is the key in parenting baduta. The type, amount and frequency of meals in infants and young children should be regulated in accordance

with the development of the age and ability of the digestive organs. Age 0-6 months babies only breastfed for at least 6 times a day, serving per day tailored to the needs of the baby. The more the baby be breastfed, the better for its development. Age 6-9 months are still given breast milk and tailored to baby's needs at least 6 times a day, at 6 months followed by a baby breast milk with 6 tablespoons portion and any rise in child age 1 month plus 1 tablespoon serving. Age 9-12 t month breastfeeding is continued in accordance with the needs of toddlers given at least 6 times a day with meals then disapinlembik 1 medium-size plates and 4-5 times a day plus a snack one medium size plate 1 a day. Age 9-12 ASI is adjusted with neccessary children. Age 1-2 months can be given to the family food servings per day ½ plate of adults are given three meals a day plus a snack and ½ servings per day adults are given two meals a day (Husin, 2008).

8. Parenting baduta

Table 11. Knowledge About Parenting baduta Capital Territory Cempaka

Question	Corresponding (%)	Not corresponding (%)
First	21 (70%)	9 (30%)
2 nd	30 (100%)	0 (0%)
3 rd	17 (56,7%)	13 (43,3%)
4 th	29 (96,7%)	1 (3,3%)
5 th	30 (100%)	0 (0%)

Average knowledge of mothers on parenting baduta = 7.07

According to Table 11.explains that 23 people do not know the correct baduta parenting. That is because as many as 13 people do not know the meaning of exclusive breastfeeding so that mothers give their babies honey and creamed foods when infants aged 0-6 months, as many as six people do not know good food additives in accordance with the age of the children so that mothers give food when a child age less than 6 months, and as many as one person did not know how to cope with pain baduta so that if his pain is usually taken to traditional healers or traditional herbal medicine was given.

A child up to the age of 2 years have not been able to express their wishes so that the presence of parents in the care and parenting becomes dominant, including keinginanannya in choosing the types of food they consume. At the age of 2-5 years old children have started to ask for anything, including asking the food he wants such requests a meal, drink milk or food that he liked. Therefore, the need for mothers familiarize and implement a good diet and the right of children under five so that toddlers do not experience lack of energy and protein will affect the nutritional status of children and child growth (Calcium, 2015).

Actions of parents in the treatment of sick children can be done by paying attention to diet affects the nutritional status of children under five. Food intake in the body for a sick toddler becomes a little more and not balanced because there are some parents still provide for restrictions on toddler foods containing high nutrition. Children who disrupted due to child nutritional adequacy is difficult to eat so it will affect your child's immunity decreases and becomes susceptible to disease (Husin, 2008).

Parental education has a direct impact on parenting which in turn affects food intake of children, if not good parenting will cause the intake obtained child becomes unfavorable, resulting in the child grows stunting. Application of knowledge of nutrition and proper child care will prevent malnutrition such as providing appropriate complementary foods age (Rosha, 2016).

9. Family Patterns in Maintaining Cleanliness

Table 12. Pattern of Knowledge Capital Regarding the Keeping Families Cleanliness Territory Cempaka

Question	Corresponding (%)	Not corresponding (%)
First	26 (86,7%)	4 (13,3%)
2 nd	26 (86,7%)	4 (13,3%)

3 rd	28 (93,3%)	2 (6,7%)
4 th	29 (96,7%)	1 (3,3%)
5 th	28 (93,3%)	2 (6,7%)
Average = 7,27		

According to Table 12.explains that 13 people do not know the family pattern is correct in maintaining cleanliness. This is because as many as four mothers behave before feeding the baby and feeding infants only handwashing with dyed water that submerged or simply wipe with tissue or cloth alone, as many as six mothers in cleaning utensils only dyed or not washed separately with equipment family meals or simply wiped with tissue / fabric alone, as many as one person's mother while cleaning milk bottles just washed using ordinary water / do not use hot water, and as many as two people do not know the purpose of maintaining the cleanliness of food for children.

Child hygiene practices affect children's growth through increased susceptibility to infectious diseases such as mothers who do not wash their hands when feeding children and after cleaning the child's bowel movements. Lack of parenting mothers of children under five as hygiene and sanitation unhealthy environment will affect infant health. Cleanliness both personal and environmental hygiene plays an important role for the development of the child. Personal hygiene that are less susceptible to disease will cause skin and gastrointestinal tract such as diarrhea, intestinal worms, while the cleanliness of the environment is closely related to respiratory diseases, gastrointestinal tract and diseases caused by mosquitoes such as dengue fever. Therefore, it is important to make the environment become eligible for child development so that children feel safe for the mother as a nanny in providing opportunities for children to explore environments (Lestari, 2014).

Toddlers from families who have unprotected drinking water source more experienced stunting compared to infants from families with a protected drinking water sources. This is evidenced by studies that claim that toddlers who come from families who have unprotected drinking water source 1.35 times more at risk of stunting compared to infants from families with a source of protected drinking sir. Sources of drinking clean water is important factor for the health of the body and reduce the risk of various diseases such as diarrhea. Children are the subjects that are susceptible to infections because of natural immunity of children classified as low (Oktarina, 2013).

10. Family Patterns in Getting Health Care For baduta

Table 13. Pattern About Knowledge Capital in Getting Family Health Care For baduta Territory Cempaka

Question	Corresponding (%)	Not corresponding (%)
First	29 (96,7%)	1 (3,3%)
2 nd	29 (96,7%)	1 (3,3%)
3 rd	28 (93,3%)	2 (6,7%)
4 th	28 (93,3%)	2 (6,7%)
5 th	27 (90%)	3 (10%)

Average = 5,42

According to Table 13.explains that as many as 9 people do not know the pattern of a good family in obtaining health services. This is because as many as one person still bring sick children to go to traditional healers, one person had the wrong perception about the kind of service posyandu and think that posyandu is a cooking competition nutritious and grow flowers, do baby massage, consultations with village shaman, as many as 4 people assume that the benefits of posyandu is just getting vitamins and drug improvement body, measurements of abdominal circumference, and the provision of cough medicine, and as many as three people declared that the purpose of posyandu is to complain complain and the announcement of the baby is born, get food and garden child's play.

Health services in the community can be done by increasing the role and functions of Posyandu. Posyandu is one form resourced public health efforts (UKBM) in the implementation of health development in order to empower people and provide convenience to the public in obtaining basic health care, growth monitoring and early childhood development, including stunting and to accelerate the reduction in maternal mortality and infant. One of the Posyandu is a media promotion of health and nutrition, growth monitoring of children under five. Health promotion is an activity or effort convey health information to the public so as to improve the knowledge of better health (Kusumawati, 2015).

Actions poor maternal care in children under five will aggravate nutritional status, interfere with the growth and development of children. Good growth avoided a child from serious and chronic diseases. Outpouring of affection and good care by the mother in toddler affect children's growth is perfect. Healthy children should receive the attention of the parents is by way immediately bring their sick children to the nearest health facility. The toddler years are susceptible to diseases like flu, diarrhea, measles and other infectious diseases. If a child suffers frequent pain can inhibit or interfere with the growth process (Rosha, 2016).

Health care is a good kid to do the mother as the provision of nutritious foods, completeness immunization, personal hygiene of children and the environment where the child is located and the efforts of the mother in the search for treatment of children when sick mother brought the child to health services such as hospitals, clinics, health centers and posyandu (Calcium, 2015).

B. Model positive behavior at Hearth sessions

Positive behavior of the mothers in the Cempaka can be seen from the participation of the mothers who come during the socialization of nutrition in infants. In addition, the mother is also very enthusiastic in listening to the material presented and asking about the material presented. It can be concluded that women are attracted to the material presented and wanted to know in detail the nutrients that should be considered in children under five. In addition, there is an increased knowledge of the mother before and after counseling do, but their increased knowledge must be balanced with the skills of mothers in feeding patterns, parenting, family patterns in maintaining the cleanliness and patterns of mothers in getting health services for baduta so as to respond it will be established Hearth volunteers is useful to provide the knowledge, skills of mothers in feeding baduta, parenting baduta, patterns of family role in maintaining cleanliness and patterns of mothers in getting health services for baduta that mothers can monitor the growth of children so well that child growth and development according to age and avoid child of incidence of stunting.



Picture 1 Organizational Structure Hearth volunteers in Cempaka Region

Hearth is a successful approach in reducing malnutrition such as stunting. Hearth approach allows communities to be able to reduce the number of malnourished children in the present and prevent malnutrition in the future after the program's completion. The purpose of the program Hearth of restoring children malnutrition were detected in the community, helping families in maintaining the nutritional status of children through changes in the behavior of parents in parenting, feeding patterns of the family in maintaining the cleanliness and seek health care when sick children (Child survival Collaborations and Resources, 2004).

In post nutritional approach, the cadres and mothers / caregivers of malnourished children practice new to cooking, feeding, hygiene and child care that has proven successful for rehabilitating children who are malnourished as stunting. Volunteers actively involve the mothers and children in the process of post mendapatakan nutrition for learning about the nutritional status of children and families in caring for toddlers pattern so that the mother or the family can maintain the nutritional status of children (Child Survival Collaborations and Resources, 2004).

Hearth approach promotes behavior change and empowers mothers / caregivers to be responsible for nutritional rehabilitation of their children by using local knowledge and resources. After high calorie supplementary feeding for 2 weeks, children become more powerful and appetite increase. Looked real change in children, coupled with the "learning by doing" will increase the confidence and skills of mothers / caregivers in a variety of feeding, child care, hygiene and health-seeking. Their behaviors better regardless of the educational background of the mother will increase the growth and development of children. This approach has been successful in reducing malnutrition in the target community by enabling community members to discover the wisdom of mothers of infants and practice this wisdom in daily activities Hearth (Child Survival Collaborations and Resources, 2004).

These behaviors and habits Promoted by Hearth volunteers include four main activities, namely feeding, caring, hygiene and health services. Feeding habits, namely Good practices include feeding a toddler with a variety of foods in small portions every day in addition to breast milk (ASI), active feeding, feeding during illness and recovery, as well as dealing with children who have the appetite low , Feeding pattern should match the child's age. Infants 0-6 months only breast fed, the age of 6-8 months to provide food in the form of breast milk and creamed foods, ages 9-11 months with feeding breastmilk with a diet lembik, ages 12-23 months with feeding breastmilk with family foods, and ages 24-59 months only fed the family.

Caring practices that positive interactions between children and caregivers in helping toddlers emotional and psychological development of children. Positive habits such as frequent verbal interaction with the child, giving and showing care and affection for the children, the division of tasks in order to control and childcare is good and active participation of fathers in child care. Habits and customs of the other in terms of child care is very important for normal development of children who are often overlooked (Child Survival Collaborations and Resources, 2004).

Hygiene habits that include child care habits such as body hygiene, food and the environment play an important role in maintaining the health of children and preventing diarrheal diseases and infectious worms. One habit that is as clean as washing hands with soap before eating and after defecation has become the focus of the WHO campaign to reduce the incidence of diarrheal diseases. Habits health services that provide full immunization to children before the first birthday, the treatment of the disease in childhood and get professional help at the right time is very important in maintaining the health of the child (Child Survival Collaborations and Resources, 2004).

REFERENCE

- [1] Ali AR. Pedoman Pengelolaan Program Gizi Di Puskesmas. 2012
- [2] Aridiyah FO. Faktor-faktor yang mempengaruhi kejadian stunting pada anak balita di Wilayah Pedesaan dan Perkotaan. E-Jurnal Pustaka Kesehatan 2015; 3(1): 163-170.

- [3] Atmarita. (2010) Masalah generasi penerus bangsa saat ini di Indonesia: Kurang gizi, kurang sehat, kurang cerdas. Disampaikan pada Seminar Nasional “Optimilisasi Potensi Anak Stunted” di Indonesia Universitas Gajah Mada, 2 Oktober 2010: Yogyakarta
- [4] Azwar A. Review Peningkatan Penggunaan ASI dan MP-ASI. Bogor: PB, 2000
- [5] Badan Penelitian dan Pengembangan Kesehatan RI, 2007. Riset Kesehatan Dasar. Jakarta.
- [6] Badan Penelitian dan Pengembangan Kesehatan RI, 2010. Riset Kesehatan Dasar. Jakarta.
- [7] Badan Penelitian dan Pengembangan Kesehatan RI, 2013. Riset Kesehatan Dasar. Jakarta.
- [8] Badan Perencanaan Pembangunan Nasional (BPPN). Rencana Aksi Nasional Pangan dan Gizi 2006-2010. Jakarta: BPPN; 2007
- [9] Child Survival Collaborations and Resources. Positive Deviance & Health. CORE, 2004.
- [10] CORE. Perilaku khusus positif/pos gizi (positif deviance/hearth), buku panduan pemulihan yang berkesinambungan bagi anak malnutrisi, Tanpa tahun. Terjemahan oleh Pauline Mulyono. Jakarta: Project Concern International Indonesia 2003
- [11] Departemen Kesehatan Republik Indonesia. Laporan Riset Kesehatan Dasar 2010. Jakarta: Badan Penelitian dan Pengembangan Kesehatan, 2010.
- [12] Ernawati F, Muljati S, Dewi M, Safitri A. Hubungan panjang badan lahir terhadap perkembangan anak usia 12 bulan (the association of body length with level of mental development of children at 12 month old). *Penel Gizi Makan* 2014; 37(2): 109-118.
- [13] Fatmawati RN. Pengaruh penyuluhan gizi terhadap pengetahuan dan sikap ibu dalam pemberian menu seimbang pada balita di Dusun Tegarejo, Pleret, Bantul, Yogyakarta tahun 2014. Skripsi Yogyakarta: STIKES Aisyiyah, 2014.
- [14] Hermansyah. Faktor-faktor yang berhubungan dengan asupan zat gizi (energi dan protein) balita di wilayah kerja puskesmas kelurahan kelapa dua Jakarta barat tahun 2010. Skripsi. Jakarta: FKIK UIN, 2011.
- [15] Hermina & Prihatini S. Gambaran keragaman makanan dan sumbangan terhadap konsumsi energi protein pada baduta baduta pendek (Stunting) di Indonesia. *Jurnal*. Jakarta: Badan Litbangkes, Kemenkes RI, 2011; 39: 62-73.
- [16] Hidayah NR. Faktor-faktor yang berhubungan dengan kejadian stunting pada balita usia 24-59 bulan di Provinsi Nusa Tenggara Timur tahun 2010. Skripsi. Depok: FKM-UI, 2011.
- [17] Husaini et al. (2003) KMS Perkembangan Anak: Teknologi Sederhana yang relevan dengan program Peningkatan Kualitas SDM. Litbang [serial online] 2003 [cited 2015 Januari 07]. Available from: <http://digilip.litbang.depkes.go.id>
- [18] Husin CR. Hubungan pola asuh anak dengan status gizi balita umur 24-59 bulan di wilayah terkena tsunami kabupaten pidie propinsi nangroe aceh Darussalam tahun 2008. Tesis. Medan; Universitas Sumatera Utara, 2008.
- [19] Kalsium U. Strategi menurunkan prevalensi gizi kurang pada balita di Provinsi Jambi. *JMJ* 2015; 3(1): 45-59.
- [20] Kusumawati E. Model pengendalian faktor risiko stunting pada anak usia di bawah tiga tahun. *Jurnal Kesehatan Masyarakat Nasional* 2015; 9(3): 249-256. (3).
- [21] Lawlor DA, Batty GD, Morton SMB, Deary IJ, Macintyre S, Ronalds G, et al. Early life predictors of childhood intelligence: evidence from the Aberdeen children of the 1950s study. *J Epidemiol Community Health*. 2005;59: 656-663.
- [22] Lestari W. Faktor risiko stunting pada anak umur 6-24 bulan di Kecamatan Penanggalan Kota Subulussalam Proinsi Aceh. *Jurnal Gizi Indonesia* 2014; 3(1): 37-45.
- [23] Myrnawati. Metodologi penelitian kesehatan masyarakat. Jakarta: Fakultas Kedokteran Universitas YARSI, 2000
- [24] Ngaisyah RD. Hubungan sosial ekonomi dengan kejadian stunting pada balita di Desa Kanigoro, Saptosari, Gunung Kidul. *Jurnal Medika Respati* 2015; 10(4): 65-70.
- [25] Oktarina Z. Faktor risiko stunting pada balita (24-59 bulan) di Sumatera. *Jurnal Gizi dan Pangan* 2013; 8(3): 175-180.
- [26] Rahayu et al., (2013). Kajian persepsi masyarakat dengan kejadian stunting pada anak periode Window of Opportunity di Wilayah Puskesmas Cempaka, Banjarbaru. Laporan penelitian. Banjarbaru.
- [27] Rahayu LR. Hubungan pendidikan orang tua dengan perubahan status stunting dari usia 6-12 bulan ke usia 3-4 tahun 2011. Skripsi. Jakarta: Universitas Muhammadiyah Prof. Dr. Hamka, 2011.
- [28] Rosha BCH. Peran intervensi gizi spesifik dan sensitif dalam perbaikan masalah gizi balita di Kota Bogor. *Buletin Penelitian Kesehatan* 2016; 44(2): 127-138.
- [29] Sukoco NEW, Pambudi J, Herawati MH. Hubungan status gizi anak balita dengan orang tua bekerja (relationship between nutritional status of children under five with parents who work). *Buletin Penelitian Sistem Kesehatan* 2015; 18(4): 387–397.
- [30] Suyadi ES. Kejadian KEP balita dan faktor yang berhubungan di Wilayah Kelurahan Pancoran Mas Depok Tahun 2009. Skripsi. Depok: FKM-UI, 2009.
- [31] Widyastuti. Hubungan tingkat pengetahuan ibu tentang gizi seimbang dengan kejadian kurang energi protein pada anak usia 1 – 5 tahun di Puskesmas Pandak I Kabupaten Bantul. Skripsi. Yogyakarta: STIKES Aisyiyah, 2010.
- [32] Yudianti. Pola asuh dengan kejadian stunting pada balita di Kabupaten Polewali mandar. *Jurnal Kesehatan Manarang* 2016; 2(1): 21-30.